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# TRANSMITTAL FORM

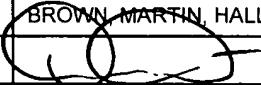
(To be used for all correspondence after initial filing)

		Application Number	09/014,518
		Filing Date	January 28, 1998
		First Named Inventor	Thompson
		Group Art Unit	1774
		Examiner Name	J. Gray
Total Number of Pages in This Submission	4	Attorney Docket Number	5355 RE02

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communications to Board of Appeals and
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

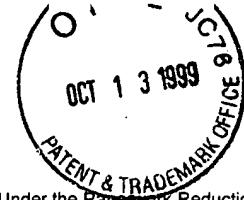
ATTORNEY NAME	Neil F. Martin
FIRM	BROWN MARTIN, HALLER & McCLAIN, LLP
SIGNATURE	
DATE	October 8, 1999

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on

October 8, 1999

Typed or printed name	Beverly Erdman		
Signature		Date	October 8, 1999



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# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$635)

## Complete if Known

Application Number	09/014,518
Filing Date	January 28, 1998
First Named Inventor	Thompson
Examiner Name	J. Gray
Group / Art Unit	1774
Attorney Docket No.	5355 RE02

## METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number  
Deposit Account Name

02-4070
BROWN, MARTIN, HALLER & McCLAIN

Charge Any Additional Fee Required  
Under 37 C.F.R. §§ 1.16 and 1.17

## 2. Payment Enclosed:

Check      Money Order      Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	760	201	380
106	310	206	155
107	480	207	240
108	760	208	380
114	150	214	75
SUBTOTAL (1) (\$)			

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20**=	X	=
Independent Claims	- 3**=	X	=
Multiple Dependent			=

\*\*or number previously paid, if greater. For Reissues, see below.

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
103	18	203      9      Claims in excess of 20
102	78	202      39      Independent claims excess of 3
104	260	204      130      Multiple dependent claim, if not paid
109	78	209      39      **Reissue independent claims over original patent
110	18	210      9      **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1,360	218	680
128	1,850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1,510	138	1,510
140	110	240	55
141	1,210	241	605
142	1,210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	760	246	380
149	760	249	380
Other fee (specify)		10 soft copies	\$30
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$635)	

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Neil F. Martin	Registration No. (Attorney/Agent)	23,088	Telephone	(619) 238-0999
Signature				Date	October 8, 1999